Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

CLAIMS AS			S FILED - PART I (Column 1)		-	(Column 2)		SMALL ENTITY TYPE		OR	OTHER THA	
TOTAL CLAIMS			77					RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUME	NUMBER EXTRA		ASIC FEE	375.00	OR	BASIC FEE	750.00
тс	OTAL CHARGE	ABLE CLAIMS	n_{mir}	າບ _{minus 20=}		* 2)		X\$ 9=	18	OR	X\$18=	
INDEPENDENT CLAIMS			2 minus 3 =		*	*		X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PR			RESENT	RESENT				<u>- </u>	<u> </u>			
* If	the difference	e in column 1 is	less than ze	ero, enter	"0" in ‹	column 2		140=		OR	+280=	
		CLAIMS AS A				ж.	. 1	OTAL		OR	TOTAL	
		(Column 1)	()VICINULU	(Colun	nn 2)	(Column 3)	s	SMALL ENTITY			OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	OR	RATE	ADDI- TIONAL FEE
NDI	Total	*	Minus	**		=		(\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X42=		OR	X84=	
	FIRST PRESE	ENTATION OF MU	JLTIPLE DEF	PLE DEPENDENT				140=		1 1	-090-	
	₹ ~,							140= TOTAL		OR	+280= TOTAL	
		(Calumn 1)		(Oal	2)	. (0.1		DIT. FEE		OR ,	ADDIT, FEE	
_		(Column 1) CLAIMS		(Colum		(Column 3)				. ,		·
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER DUSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
QN	Total	*	Minus	**		= .	×	(\$ 9=		OR	X\$18=	
AME	Independent	* ENTATION OF MU	Minus	***	O1 A154	=	×	(42=		OR	X84=	
	FINOI FILLOL	NIATION OF WIC	LIPLE DEF	ENDENT	CLAlivi		+	140=		OR	+280=	(
						•	└	TOTAL IT. FEE			TOTAL ADDIT, FEE	
	h.s.	(Column 1) (Column 2) (Column 3)								l; ,	\UUH. rec∎	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	EST BER OUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**	<u></u>	=	X	\$ 9=		OR	X\$18=	-
AME	Independent	*	Minus	***		=	X	42=		ŀ	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							'-		OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								140=		OR	+280=	
***	lf the "Highest Nur If the "Highest Nur	mber Previously Pa mber Previously Pa nber Previously Paid	aid For" IN THIS aid For" IN THIS	S SPACE is S SPACE is	less than	n 20, enter "20." n 3. enter "3."	ADDI	TOTAL IT. FEE			TOTAL ADDIT, FEE	
	-				,	gcot marrison	iouna ii	i inc app	Topridic Dox	. III COIU	14 i i i i i i i	